

# SUMMER CAMP@ LCOR 2021

Please check desired sessions

**DATES**

**THEME**

**CLASSES**

## RISING 3 – 5 YEAR OLDS (must be potty trained)

Session 1 June 7-11                      space camp                      \_\_\_\_\_

Session 2 June 21-25                      under the big top                      \_\_\_\_\_

Session 3 July 12-16                      wild, wild west                      \_\_\_\_\_

**\*\* THE HOURS ARE 9:00 AM –12:00 PM\*\***  
**SNACK IS PROVIDED**

## REGISTRATION FORM

**Child's Name:** \_\_\_\_\_

**Sex** M ( ) F ( ) **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **(cell)** \_\_\_\_\_

### In case of medical emergency, when parent cannot be reached by phone:

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **Person to be notified in case of emergency (other than parents):**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

### **List any allergies or physical problems your child has:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(In the event of an illness which requires immediate treatment at a time when a parent cannot be located, I give permission for the LCOR personnel to authorize necessary treatment. I will NOT hold LCOR or medical person responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician and other persons listed as emergency contact.)

**\*\* PLEASE TURN OVER TO COMPLETE TUITION AGREEMENT\*\***

**\$120 per session**

**A \$20 non-refundable deposit per session is due at registration. (each deposit will be deducted from the remaining balances)**

**A \$10 discount (per session) will be given for the second sibling attending LCOR camps. Tuition balance is due by the 1<sup>st</sup> day of the month.**

Should you need to cancel a session we would be more than happy to transfer your session to another week based on availability. If there are no available openings, then your child's name will be put on the waiting list. **No refunds will be given** so please check your calendar prior to committing to these camp sessions.

**PARENTS – please complete**

**Total # of session's \_\_\_\_\_ Total cost of all sessions \_\_\_\_\_**

**Deposit Paid \_\_\_\_\_ Date \_\_\_\_\_**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

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**CAMP RECORDS**

**Deposit Paid \_\_\_\_\_**

**Tuition Paid \_\_\_\_\_**

**Check # \_\_\_\_\_**

**Check # \_\_\_\_\_**